Idaho Opportunity Scholarship Renewal Form

If you are graduating, Congratulations! Please complete and return this form. (2008-2009)

Name:						
Permanent Address:	(last)		(first)		(middle initial)	
•	(number and	street)	(city)	(state)	(zip code)	
Student ID #:			Social Security #:			
Email:			Phone:			
intent to continue	ty Scholarship Progra e as a full-time under, nager no later than M	graduate sti				
STATEMENT OF INTENT						
☐ I intend to e	nroll Fall 2008 In	stitution:				
☐ I do not inte	nd to enroll in 2008	– 2009 due	to one of the foll	lowing:		
☐ Graduation ☐ End of			☐ End of Eligibi	lity		
□ Other (please explain)						
	SE	LECTION	I CRITERIA			
	current transcript of cript issued to the stu					
Current Grade P	oint Average:					
(shown on tra Cumulative Grad (shown on tra	de Point Average:	-				
The Idaho Oppo	rtunity Scholarship ca esters have you recei				S.	
1	2 3	4	5	6	7 8	
Recipient's Sign	ature			Date		
	form to: ager, Student Affairs	Program				
P.O. Box 83720 Boise, Idaho 83720-0037				Dana.Kelly@osbe.idaho.gov 208-332-1574		